ICF DD SPA ACKNOWLEDGEMENT AND AUTHORIZATION FORM

Pursuant to Welfare and Institutions Code Sections 4646.55 and 14132.925, and the approved State Plan Amendment 07-004 to the State's Title XIX Plan, the undersigned ICF agrees to provide the day treatment and transportation services selected through the regional center individual program plan process (WIC 4646 and 4646.5), and authorizes the regional center to bill the Department of Developmental Services (DDS), on its behalf. The undersigned ICF understands that the regional center and DDS are responsible for determining the accuracy and appropriateness of such billing. Changes of ownership or changes of the licensed operator do not disqualify the undersigned ICF from participating in this supplemental program.

The undersigned ICF also acknowledges the requirement to pay the regional center the day treatment and transportation costs and associated regional center administrative fee, within 30 days of receipt of payment from DDS. Changes of ownership or changes of the licensed operator do not disqualify the undersigned ICF from participating in this supplemental program.

This agreement is effective as of the effective date of SPA 07-004.

ICF Provider Signature Date

Legal Business Name and Address: _____

Email Address: _____

Telephone Contact Number: _____

For each of the ICF-DD, DD-H and DD-N facilities you operate, please provide the information listed below: You may attach additional pages to this document for submission to DDS.

Name of Facility: _____

Street Address: _____

City and Zip Code: _____

Phone Number: _____